

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-015239

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

2243

FILED MAY 14 1962

1. PLACE OF DEATH

a. COUNTY - Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Kansas City

Length of stay in 1b

12 hrs

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION General HospitalInside Limits  
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE mo

b. COUNTY Benton

c. CITY  
OR TOWN WarsawInside Limits  
Yes ☐ No ☐d. STREET  
ADDRESS

(If outside, give location)

Reside on Farm  
Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Charles Lafayette Gulley

4. DATE  
OF DEATH

Month

Day

Year

April 20, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐Never Married ☐Widowed ☐Divorced ☒

8. DATE OF BIRTH

9/6/1877

9. AGE (last birthday)

84

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)

Barber

10b. KIND OF BUSINESS OR INDUSTRY

Self

11. BIRTHPLACE (City and state or country)

Norton Valley, Mo

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Geo. M. Gulley

13b. MOTHER'S MAIDEN NAME

Mary E. Finley

14. NAME OF HUSBAND OR WIFE

Margaret Gulley

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

[Redacted]

17. INFORMANT

Thomas R. Gulley 408 N. Main

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Meningitis

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from  
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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.